

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091857767

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
	/							52					
	/							53					
	/							54					
	/							55					
	/							56					
	/							57					
	/							58					
	/							59					
	/							60					
	/							61					
2	/							62					
3	/							63					
4	/							64					
5	/							65					
6	/							66					
7								67					
8								68					
9								69					
0								70					
1								71					
2								72					
3								73					
4								74					
5								75					
6								76					
7								77					
8								78					
9								79					
0								80					
1								81					
2								82					
3								83					
4								84					
5								85					
6								86					
7								87					
8								88					
9								89					
0								90					
1								91					
2								92					
3								93					
4								94					
5								95					
6								96					
7								97					
8								98					
9								99					
0								100					
TOTAL IND.	4							TOTAL IND.					
TOTAL DEP.	13							TOTAL DEP.					
TOTAL CLAIMS	17							TOTAL CLAIMS					